



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF NARCOTICS AND DANGEROUS DRUGS

**REPORT OF LOSS OR THEFT OF CONTROLLED SUBSTANCES**

**Mail completed report to:**  
BNDD  
P.O. Box 570  
Jefferson City, MO 65102-0570

**Missouri Regulation 19 CSR 30-1.034(2)(B) requires a registrant to notify the Bureau of the theft, diversion, or significant loss of any controlled substance upon discovery. This report must be submitted within seven (7) days from the date of the loss. The Bureau may be contacted at (573) 751-6321 if more time is needed.**

NAME AND ADDRESS OF REGISTRANT	AREA CODE AND PHONE NUMBER	DATE(S) OF THEFT OR DISCOVERY
STREET ADDRESS AND CITY	MISSOURI BNDD REGISTRATION NUMBER	FEDERAL DEA REGISTRATION NUMBER
STATE	ZIP CODE	COUNTY IN WHICH LOCATED

**Principal Business of Reporting Registrant:**

<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> DPM	<input type="checkbox"/> NURSING HOME KIT	<input type="checkbox"/> DISTRIBUTOR
<input type="checkbox"/> OD	<input type="checkbox"/> DVM	<input type="checkbox"/> DDS	<input type="checkbox"/> PHARMACY	<input type="checkbox"/> IMPORTER/EXPORTER
<input type="checkbox"/> DMD	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> NARCOTIC TREATMENT PROGRAM		
<input type="checkbox"/> EMS	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> TEACHING INSTITUTION	<input type="checkbox"/> OTHER _____	

DATE REPORTED TO DEA (MANDATORY)	WAS THEFT REPORTED TO POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND PHONE NUMBER OF POLICE AGENCY
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NUMBER OF THEFTS OR LOSSES REGISTRANT HAS HAD IN PAST 24 MONTHS	TYPE OF THEFT OR LOSS <input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Employee theft/diversion <input type="checkbox"/> Lost in transit <input type="checkbox"/> Forgery/falsified records <input type="checkbox"/> Other _____
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NAME(S) OF PERSON(S) WHO COMMITTED THEFT OR DIVERSION	SOCIAL SECURITY NUMBER AND DATE OF BIRTH OF PERSON RESPONSIBLE FOR COMMITTING THEFT OR DIVERSION
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The reporting regulation requires the registrant to submit a summary of their internal investigation, the final outcome of the investigation and a copy of any law enforcement reports made when applicable.

☐ Summary and reports are attached ☐ Bureau notified immediately, more time has been granted.

Final summary and reports will follow by \_\_\_\_\_

**If loss or theft occurred in transit:**

NAME OF COMMON CARRIER	NAME OF CONSIGNEE	ORIGIN OF DELIVERY	
<b>LIST OF CONTROLLED SUBSTANCES LOST</b> <b>(Drug name, strength, dosage form and quantity)</b>			
<b>Trade or Brand Name</b>	<b>Generic Name</b>	<b>Dosage Strength &amp; Form</b>	<b>Quantity</b>
Example: Vicodin™	hydrocodone/apap	tablets 7.5/750	24 tablets
Example: Robitussin A-C™	codeine phosphate	2mg/cc liquid	12 ounces
Example: Demerol™	meperidine hydrochloride	50mg/ml vial	5 x 30ml
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15			
PRINT NAME	SIGNATURE	TITLE	DATE

**Additional information:**

1. Insignificant losses that occur from doing business day to day do not need to be reported. A significant loss or shortage requires reporting.
2. Any suspected theft or diversion must be reported, regardless of the amount. Reports to BNDD and DEA are required, even if no referrals are made to law enforcement or professional licensing boards.
3. Section 195.045, RSMo 2000, states in material part that any person who reports or provides information to the Bureau pursuant to controlled substances laws, and does so in good faith to comply, shall not be subject to civil damages.
4. You may contact the Bureau at: P.O. Box 570, Jefferson City, MO 65102-0570, or call (573) 751-6321 or fax (573) 526-2569.